# F240000446/

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### **COVER LETTER**

<b>TO:</b> Registration S Division of C					
SUBJECT: AMERI	ICA FUTURETECH	INC.			
30131.CT.	Name o	of corporation -	must include suffix		
Dear Sir or Madam:					
	nce." or "Certificate	of Good Stand	ing" and check are sub	et Business in Florida," mitted to register the	
Please return all corre	spondence concerni	ng this matter t	o the following:		
DANIEL POGUE					
	-	Name of P	erson		
AMERICA FUTURET	ECH INC.				
		Firm/Comp	any		
12614 BALTIMORE P	L				
		Addres	s		
JACKSONVILLE, FL.	32246-1140				
		City/State an	d Zip code		
AMERICAFUTURETI	_				
	E-mail address	: (to be used fo	r future annual report r	iotification)	
For further information	n concerning this m	atter, please ca	II:		
DANIEL POGUE		904 at (	982-6097 Ode Daytime Telephone Number		
Name of Pers	son	Area Code	Daytime Telepl	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for Please make check payar \$70.00 Filing Fee		EPARTMENT ( g Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy	

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1	TORETECH INC.					
	orporation: must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION	•		
(If name unavaila	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting	g business in Florida)		
DELAWARE		3	581699874			
(State or country under the law of which it is incorporated)		,	(FEI number, if applicable)			
09/26/1986 4.		5	PERPETUAL			
	(Date of incorporation)		(Date of duration, if other the	(Date of duration, if other than perpetual)		
6. N/A (HAVE NO	OT TRANSACTED BUSINESS IN FLORE	[]A	YET)			
w			n Florida, if prior to registration) 502, F.S., to determine penalty liabilit	y)		
	DRE PL, JACKSONVILLE. FL 32246-114	0	_			
	(Principal	off	ce street address)			
P.O. BOX 16036	, JACKSONVILLE, FL 32245-6036			<b>20</b>		
	(Current ma	ilir	ng address, if different)	2024 AUG		
8. Name and street	et address of Florida registered agent: (	P.(	D. Box <u>NOT</u> acceptable)	19		
Name:	DANIEL POGUE					
Office Address:	12614 BALTIMORE PL			ED PH 12: 06		
	JACKSONVILLE		, Florida 32246-1140			
	(City)		(Zip code)			

#### 9. Registered agent's acceptance:

A NATE DAZEA DEL PELOD DETERMINATIONE

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

■ Director ■ President	ROBERT DAVID POGUE II  Name:  3803 CARAMBOLA CIR  Address:  MELBOURNE, FL 32940-6679	☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary	DANIEL RYAN POGUE  12614 BALTIMORE PL  Address:  JACKSONVILLE, FL 32246-1140			
□Other	Other	Other	Other			
□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	Name:  Address:  □Treasurer  □Other	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	Name:Address:			
		<del> </del>				
□Chairman □Vice Chairman □Director □President □Vice President	Name:	□Chairman □Vice Chairman □Director □President □Vice President	Name:			
□Secretary	☐Treasurer	□Secretary	□Treasurer			
Other		Other	□Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Elorida Department of State Annual Report form.  12.  Signature of Director or Officer  The officer and individuals may be individual as a state of the						

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AMERICA FUTURETECH INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF AUGUST, A.D. 2024.

Authentication: 204114865

Date: 08-08-24